URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960

-60-033155

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2501

ENDED

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b: 4 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Joseph's Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN Kirkwood — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1517 Ann Ave — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Rose Middle Dorothy Last Smallwood
4. DATE OF DEATH: Month 8 Day 22 Year 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-3-1906
9. AGE (last birthday): 53-9-19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Munitions Worker
10b. KIND OF BUSINESS OR INDUSTRY: U S Small Arms
11. BIRTHPLACE (City and state or country): Omah Nebraska
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frederick Zellinger
13b. MOTHER'S MAIDEN NAME: Catherine Janda
14. NAME OF HUSBAND OR WIFE: Thomas A Smallwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-22-1281
17. INFORMANT: Thos A Smallwood — Address: 1517 Ann Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocarditis Chr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Nephritis Chr.
DUE TO (c): Arteriosclerosis Gen
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☑ N. ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan 1955, to Aug 22, 1960 and last saw her/him alive on Aug 22 1960
Death occurred at 7:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl C Frick MD
22b. ADDRESS: 227 E Lockwood
22c. DATE SIGNED: 8-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-25-1960
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks Mo

24. FUNERAL DIRECTOR: Mittelberg — ADDRESS: Webster Groves Mo
25. DATE RECD. BY LOCAL REG.: 8-23-60
26. REGISTRAR'S SIGNATURE: John A. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elmo R. Pedw

Licensed Embalmer No. 407

P. O. Address St Loui

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.